

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **433870 (3)**
1. Corporation Name
ARCHMORT DEVELOPMENT CORPORATION



Principal Place of Business: **C/O MICHAEL E. MORITZ, 85 E. STATE ST. STE 2100, COLUMBUS OH 43215**
Mailing Address: **C/O MICHAEL E. MORITZ, 85 E. STATE ST. STE 2100, COLUMBUS OH 43215**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: **08/27/1973**
3a. Date of Last Report: **02/14/1995**
4. FEI Number: **59-1481633**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**LINSCOTT, JERRY R.
2300 SUN BANK CENTER
ORLANDO FL 32801**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYE, LEWIS W	1.2 NAME	
STREET ADDRESS	555 SOUTH THIRD STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	COLUMBUS OH	1.4 CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORITZ, MICHAEL E	2.2 NAME	
STREET ADDRESS	65 EAST STATE STREET	2.3 STREET ADDRESS	
CITY- ST- ZIP	COLUMBUS OH	2.4 CITY- ST- ZIP	
TITLE	DPT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAN, JAMES H	3.2 NAME	
STREET ADDRESS	CROOKED MILE ROAD	3.3 STREET ADDRESS	
CITY- ST- ZIP	GAHANNA OH	3.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROTT, KARA J.	4.2 NAME	
STREET ADDRESS	2139 CHESHIRE RD.	4.3 STREET ADDRESS	
CITY- ST- ZIP	COLUMBUS OH	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	900001899419
STREET ADDRESS		5.3 STREET ADDRESS	-07/19/96--01027--038
CITY- ST- ZIP		5.4 CITY- ST- ZIP	***225.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lamar B...*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/96 (64) 224-7300
Date Fee

CR2E034 (3/96)